



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)				
Province <u>Leyte</u>		Registry No. <u>98-871</u>		
City/Municipality <u>Hilongos</u>				
CHILD	1. NAME (First) (Middle) (Last) <u>TRISHIA</u> <u>JADE</u> <u>CAIZADA</u> <u>ACILO</u>	For OCRG USE ONLY: Population Reference No. <u>3719-A98K201-9</u>		
	2. SEX <u>1</u> Male <u>X</u> Female	3. DATE OF BIRTH (day) (month) (year) <u>2</u> <u>May</u> <u>1998</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Atabay</u> <u>Hilongos</u> <u>Leyte</u>			
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>Second</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>3,600.00</u> grams		
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>REUVICK</u> <u>CAIZADA</u> <u>ACILO</u>			
	7. CITIZENSHIP <u>FILIPINO</u>	8. RELIGION <u>CATHOLIC</u>		
	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>Housewife</u>	11. Age at the time of this birth: <u>21</u> years		
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Atabay</u> <u>Hilongos</u> <u>Leyte</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>JOE</u> <u>ZALDIVAR</u>			
	14. CITIZENSHIP <u>AMERICAN</u>	15. RELIGION <u>CATHOLIC</u>		
	16. OCCUPATION <u>None</u>	17. Age at the time of this birth: <u>29</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Not married</u>				
19a. ATTENDANT <u>1</u> Physician <u>2</u> Nurse <u>X</u> 3 Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify)				
19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>11:20 P.M.</u> o'clock am/pm on the date stated above.) Signature <u>Loreta T. Retulla</u> Address <u>C.V. ALBUINO ST.</u> Name in Print <u>LORETA T. RETULLA</u> <u>Hilongos, Leyte</u> Title or Position <u>RM III</u> Date <u>May 2, 1998</u>				
20. INFORMANT Signature <u>Reuvick C. Acilo</u> Address <u>Brgy. Atabay</u> Name in Print <u>REUVICK C. ACILO</u> <u>Hilongos, Leyte</u> Relationship to the child <u>Mother</u> Date <u>May 5, 1998</u>				
21. PREPARED BY Signature <u>Loreta T. Retulla</u> Name in Print <u>LORETA T. RETULLA</u> Title or Position <u>RM III</u> Date <u>May 5, 1998</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Jose B. Perez</u> Name in Print <u>JOSE B. PEREZ</u> Title or Position <u>CIVIL REGISTRAR</u> Date <u>MAY 07 1998</u>		

07086-1H-402AGG-00126-BI001

BEST POSSIBLE IMAGE



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BRen
03719-A98K201-8Documentary
Stamp Tax PaidJose B. Perez
JOSIE B. PEREZ
Assistant Secretary
(Officer-in-Charge)



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, RAY ZALDIVAR and _____
parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the
information contained herein are true and correct to the best of our/my knowledge and belief.

Ray Zaldivar
RAY (Signature of Father)

(Signature of Mother)

Community Tax No. 16069425-8

Community Tax No. _____

Date Issued May 7, 1998

Date Issued _____

Place Issued Hilongos, Leyte

Place Issued _____

SUBSCRIBED AND SWORN to before me this 7th day of May, 1998
at Hilongos, Leyte, Philippines.

[Signature]
(Signature of Administering Officer)

Municipal Civil Registrar
(Title/Designation)

ERNESTO M. PULACHE
(Name in Print)

Hilongos, Leyte
(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, _____, of legal age, single/married
and with residence and postal address at _____
after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____
2. That I/he/she was born on _____ at _____
3. That I/he/she was attended at birth by _____ who resides at _____
4. That I/he/she is a citizen of _____
5. That my/his/her parents were ☐ married on _____ at _____
☐ not married but was acknowledge by my/his/her father whose
name is _____
6. That the reason for the delay in registering my/his/her birth was due to _____
7. That a copy of my/his/her birth certificate is needed for the purpose of _____
8. ☐ (For the applicant only) That I am married to _____
☐ (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____

Date Issued _____

Place Issued _____

SUBSCRIBED AND SWORN to before me this 8th day of May,
at _____, Philippines.

(Signature of Administering Officer)

(Title/Designation)

(Name in Print)

(Address)

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Assistant Secretary
(Officer-in-Charge)

